



STATE OF CALIFORNIA
GAMBLING CONTROL COMMISSION
300 Capitol Mall, Suite 300
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(916) 322-5441 FAX
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**APPLICATION FOR APPOINTMENT
TO THE
GAMING POLICY ADVISORY COMMITTEE**

Print in Ink or Type

NAME:			
Last	First	M.I.	
ADDRESS:			
Street	City	State	ZIP
Home Phone: ()	FAX:	E-Mail Address:	
Current Employer:	Business Phone ()		
Please check one box that describes your affiliation:			
<input type="checkbox"/> • A licensee or representative from the card room association.	<input type="checkbox"/> • An officer of a local city/county government where an approved ordinance allows controlled gambling.		
<input type="checkbox"/> • A licensee, agent, or employee from a cardroom with less than 25 tables in operation.	<input type="checkbox"/> • An applicant affiliated with local law enforcement.		
<input type="checkbox"/> • A licensee, agent, or employee from a cardroom with 25 tables or more in operation.	<input type="checkbox"/> • A coalition concerned with gambling and/or gambling addiction.		
	<input type="checkbox"/> • General public-at-large.		
ORGANIZATION NAME:			
ADDRESS:			
Street	City	State	ZIP
Phone:	FAX:	E-Mail Address:	
Please describe your affiliation with gambling enterprises (i.e., ownership and/or employment in a gambling establishment, local law enforcement, a coalition concerned with gambling and/or addiction, member of the general public, etc.)			
STATEMENT OF QUALIFICATIONS:			
In order for your application to be considered, attach a "Statement of Qualifications" with the following information:			
<ol style="list-style-type: none">1. A description of your qualifications.2. Why you are interested in serving on this committee.3. Three main issues you believe the Gambling Control Commission should address.			
ACKNOWLEDGMENT:			
<p>I acknowledge and understand that by submitting this application to serve on the Gaming Policy Advisory Committee I will be required to attend meetings, that the frequency of these meetings may be monthly, and currently there is no provision for reimbursement for any costs associated with traveling to and from these meetings or for any wages lost for participating. I further acknowledge that I will commit to serve up to two years on the Committee.</p> <p>Furthermore, I understand that this Committee's purpose, pursuant to Business and Professions Code Section 19815.5A, is to act in an advisory capacity to the California Gambling Control Commission on gambling regulatory policy and other gambling-related issues.</p> <p>Finally, I acknowledge that I will be required to complete a conflict-of-interest disclosure to be filed with the Commission and pass a background investigation in order to be appointed to the Gaming Advisory Policy Committee.</p>			
_____ Signature		_____ Date	